



General Assembly

Amendment

February Session, 2006

LCO No. **5056**

SB0031705056SD0

Offered by:

SEN. MURPHY, 16th Dist.

REP. SAYERS, 60th Dist.

SEN. SLOSSBERG, 14th Dist.

REP. OLSON, 46th Dist.

To: Subst. Senate Bill No. **317**

File No. 322

Cal. No. 258

***"AN ACT CONCERNING REVISIONS TO DEPARTMENT OF
PUBLIC HEALTH STATUTES."***

1 Strike section 2 in its entirety and renumber remaining sections and
2 internal references accordingly

3 Change the effective date of section 3 to "October 1, 2006"

4 Strike sections 6 and 7 in their entirety and insert the following in
5 lieu thereof:

6 "Sec. 6. Section 19a-266 of the general statutes is repealed and the
7 following is substituted in lieu thereof (*Effective from passage*):

8 (a) For purposes of this section:

9 (1) "Breast cancer [treatment] screening and referral services" means
10 necessary breast cancer screening services and referral services for a

11 procedure intended to treat cancer of the human breast, including, but
12 not limited to, surgery, radiation therapy, chemotherapy, hormonal
13 therapy and related medical follow-up services.

14 (2) "Cervical cancer [treatment] screening and referral services"
15 means necessary cervical cancer screening services and referral
16 services for a procedure intended to treat cancer of the human cervix,
17 including, but not limited to, surgery, radiation therapy, cryotherapy,
18 electrocoagulation and related medical follow-up services.

19 (3) "Unserved or underserved populations" means women who are:
20 (A) At or below two hundred per cent of the federal poverty level for
21 individuals; (B) without health insurance that covers breast cancer
22 screening mammography or cervical cancer screening services; and (C)
23 nineteen to sixty-four years of age.

24 (b) There is established, within existing appropriations, a breast and
25 cervical cancer early detection and treatment referral program, within
26 the Department of Public Health, to (1) promote screening, detection
27 and treatment of breast cancer and cervical cancer among unserved or
28 underserved populations, [to] (2) educate the public regarding breast
29 cancer and cervical cancer and the benefits of early detection, and [to]
30 (3) provide counseling and referral services for treatment.

31 (c) The program shall include, but not be limited to:

32 (1) Establishment of a public education and outreach initiative to
33 publicize breast cancer and cervical cancer early detection services and
34 the extent of coverage for such services by health insurance; [,] the
35 benefits of early detection of breast cancer and the recommended
36 frequency of screening services, including clinical breast examinations
37 and mammography; and the medical assistance program and other
38 public and private programs and the benefits of early detection of
39 cervical cancer and the recommended frequency of pap tests;

40 (2) Development of professional education programs, including the
41 benefits of early detection of breast cancer and the recommended

42 frequency of mammography and the benefits of early detection of
43 cervical cancer and the recommended frequency of pap tests;

44 (3) Establishment of a system [for the purpose of tracking and
45 follow-up of] to track and follow-up on all women screened for breast
46 cancer and cervical cancer in the program. The system shall include,
47 but not be limited to, follow-up of abnormal screening tests and
48 referral to treatment when needed and tracking women to be screened
49 at recommended screening intervals;

50 (4) [Insurance] Assurance that all participating providers of breast
51 cancer and cervical cancer screening are in compliance with national
52 and state quality assurance legislative mandates.

53 (d) The Department of Public Health shall provide unserved or
54 underserved populations, within existing appropriations and through
55 contracts with health care providers: (1) [One mammogram every year
56 for populations age forty-five to sixty-four; (2) one mammogram every
57 year for populations age thirty-five to forty-four with a first degree
58 female relative who has had breast cancer or with other risk factors of
59 equal weight; (3) one pap test for cervical cancer per year for
60 populations age nineteen to sixty-four who have had a positive
61 finding, otherwise one every three years or more frequently as directed
62 by a physician; (4)] Clinical breast examinations, screening
63 mammograms and pap tests, as recommended in the most current
64 breast and cervical cancer screening guidelines established by the
65 United States Preventive Services Task Force, for the woman's age and
66 medical history; (2) a sixty-day follow-up pap test for victims of sexual
67 assault; and [(5)] (3) a pap test every six months for women who have
68 tested HIV positive.

69 [(e) The Department of Public Health may apply for and receive
70 money from public and private sources and from the federal
71 government for the purposes of a program for breast cancer and
72 cervical cancer early detection and treatment referral. Any payment to
73 the state as a settlement of a court action of which the proceeds may be

74 used for women's health shall be deposited in an account designated
75 for use by the Department of Public Health for breast and cervical
76 cancer treatment services.]

77 [(f)] (e) The Commissioner of Public Health shall report annually to
78 the joint standing committees of the General Assembly having
79 cognizance of matters relating to public health and appropriations. The
80 report shall include, but not be limited to, a description of the rate of
81 breast cancer and cervical cancer morbidity and mortality in this state
82 and the extent of participation in breast cancer and cervical cancer
83 screening.

84 [(g)] (f) The organizations providing the testing and treatment
85 services shall report to the Department of Public Health the names of
86 the insurer of each underinsured woman being tested to facilitate
87 recoupment.

88 Sec. 7. (NEW) (*Effective July 1, 2006*) The Department of Public
89 Health may apply for and receive money from public and private
90 sources and from the federal government for the purpose of funding,
91 in whole or in part, a comprehensive cancer program. Any payment to
92 the state as a settlement of a court action of which the proceeds may be
93 used for health shall be deposited in an account designated for use by
94 the department for comprehensive cancer initiatives."

95 In line 334, insert an opening bracket before "consistently"

96 In line 335, insert a closing bracket after "department" and after the
97 closing bracket insert "fails to comply with the statutes and regulations
98 for licensing youth camps"

99 In line 355, after "penalty", insert "of not more than one hundred
100 dollars per violation for each day of occurrence"

101 In line 404, after "subsection.", insert "In connection with any
102 investigation of a youth camp, the Commissioner of Public Health or
103 said commissioner's authorized agent may administer oaths, issue

104 subpoenas, compel testimony and order the production of books,
105 records and documents. If any person refuses to appear, to testify or to
106 produce any book, record or document when so ordered, a judge of
107 the Superior Court may make such order as may be appropriate to aid
108 in the enforcement of this section."

109 In line 544, bracket the word "injecting,"

110 In line 588, after "21a-240,", insert "as amended by this act,"

111 In lines 591 and 600, strike the opening bracket before the second
112 "or" and insert an opening bracket before "inject"

113 In line 644, strike "subdivisions (1), (4), (6), (7), (8) and (9)" and insert
114 "subdivision (4)" in lieu thereof

115 Strike section 22 in its entirety and insert the following in lieu
116 thereof:

117 "Sec. 22. (NEW) (*Effective October 1, 2006*) Upon the transfer of more
118 than a fifty per cent ownership share, discontinuance or termination of
119 a funeral service business, the person, firm, partnership or corporation
120 to whom the inspection certificate has been issued shall:

121 (1) Notify each person who has purchased a prepaid funeral
122 contract from such funeral service business of such transfer,
123 discontinuance or termination;

124 (2) Mail a letter to each person for whom the funeral service
125 business is storing cremated remains notifying such person of such
126 transfer, discontinuance or termination; and

127 (3) Provide the Department of Public Health with a notice of such
128 transfer, discontinuance or termination and a list of all unclaimed
129 cremated remains held by the funeral service business at the time of
130 such transfer, discontinuance or termination not later than ten days
131 after any such transfer, discontinuance or termination."

132 Strike section 24 in its entirety and insert the following in lieu
133 thereof:

134 "Sec. 24. (NEW) (*Effective July 1, 2006*) (a) As used in this section,
135 "nursing facility management services" means services provided in a
136 nursing facility to manage the operations of such facility, including the
137 provision of care and services.

138 (b) On and after January 1, 2007, no person or entity shall provide
139 nursing facility management services in this state without obtaining a
140 certificate from the Department of Public Health.

141 (c) Any person or entity seeking a certificate to provide nursing
142 facility management services shall apply to the department, in writing,
143 on a form prescribed by the department. Such application shall include
144 the following information:

145 (1) The name and business address of the applicant and whether the
146 applicant is an individual, partnership, corporation or other legal
147 entity;

148 (2) A description of the applicant's nursing facility management
149 experience;

150 (3) An affidavit signed by the applicant disclosing any matter in
151 which the applicant has been convicted of an offense classified as a
152 felony under section 53a-25 of the general statutes or pleaded nolo
153 contendere to a felony charge, or held liable or enjoined in a civil
154 action by final judgment, if the felony or civil action involved fraud,
155 embezzlement, fraudulent conversion or misappropriation of
156 property; or is subject to a currently effective injunction or restrictive
157 or remedial order of a court of record at the time of application, within
158 the past five years has had any state or federal license or permit
159 suspended or revoked as a result of an action brought by a
160 governmental agency or department, arising out of or relating to
161 business activity or health care, including, but not limited to, actions
162 affecting the operation of a nursing facility, residential care home or

163 any facility subject to sections 17b-520 to 17b-535, inclusive, of the
164 general statutes, or a similar statute in another state or country; and

165 (4) The location and description of any nursing facility in which the
166 applicant currently provides management services or has provided
167 such services within the past five years.

168 (d) In addition to the information provided pursuant to subsection
169 (c) of this section, the department may reasonably request to review
170 the applicant's audited and certified financial statements, which shall
171 remain the property of the applicant when used for either initial or
172 renewal certification under this section.

173 (e) Each application for a certificate to provide nursing facility
174 management services shall be accompanied by an application fee of
175 three hundred dollars. The certificate shall list each location at which
176 nursing facility management services may be provided by the holder
177 of the certificate.

178 (f) The department shall base its decision on whether to issue or
179 renew a certificate on the information presented to the department and
180 on the compliance status of the managed entities. The department
181 may deny certification to any applicant for the provision of nursing
182 facility management services at any specific facility or facilities where
183 there has been a substantial failure to comply with the Public Health
184 Code.

185 (g) Renewal applications shall be made biennially after (1)
186 submission of the information required by subsection (c) of this section
187 and any other information required by the department pursuant to
188 subsection (d) of this section, and (2) submission of evidence
189 satisfactory to the department that any nursing facility at which the
190 applicant provides nursing facility management services is in
191 substantial compliance with the provisions of chapter 368v of the
192 general statutes, the Public Health Code and licensing regulations, and
193 (3) payment of a three-hundred-dollar fee.

194 (h) In any case in which the Commissioner of Public Health finds
195 that there has been a substantial failure to comply with the
196 requirements established under this section, the commissioner may
197 initiate disciplinary action against a nursing facility management
198 services certificate holder pursuant to section 19a-494 of the general
199 statutes.

200 (i) The department may limit or restrict the provision of
201 management services by any nursing facility management services
202 certificate holder against whom disciplinary action has been initiated
203 under subsection (h) of this section."

204 Strike sections 35 and 36 in their entirety and insert the following in
205 lieu thereof:

206 "Sec. 35. Subdivision (19) of section 19a-175 of the general statutes is
207 repealed and the following is substituted in lieu thereof (*Effective from*
208 *passage*):

209 (19) "Management service" means an employment organization
210 [which] that does not own or lease ambulances or other emergency
211 medical vehicles and that provides emergency medical technicians or
212 paramedics to [any entity including an ambulance service but does not
213 include a commercial ambulance service or a volunteer or municipal
214 ambulance service] an emergency medical service organization.

215 Sec. 36. Section 19a-180 of the general statutes is repealed and the
216 following is substituted in lieu thereof (*Effective from passage*):

217 (a) No person shall operate any ambulance service, rescue service or
218 management service without either a license or a certificate issued by
219 the commissioner. No person shall operate a commercial ambulance
220 service or commercial rescue service or a management service without
221 a license issued by the commissioner. A certificate shall be issued to
222 any volunteer or municipal ambulance service which shows proof
223 satisfactory to the commissioner that it meets the minimum standards
224 of the commissioner in the areas of training, equipment and personnel.

225 Applicants for a license shall use the forms prescribed by the
226 commissioner and shall submit such application to the commissioner
227 accompanied by an annual fee of one hundred dollars. In considering
228 requests for approval of permits for new or expanded emergency
229 medical services in any region, the commissioner shall consult with the
230 Office of Emergency Medical Services and the emergency medical
231 services council of such region and shall hold a public hearing to
232 determine the necessity for such services. Written notice of such
233 hearing shall be given to current providers in the geographic region
234 where such new or expanded services would be implemented,
235 provided, any volunteer ambulance service which elects not to levy
236 charges for services rendered under this chapter shall be exempt from
237 the provisions concerning requests for approval of permits for new or
238 expanded emergency medical services set forth in this subsection. A
239 primary service area responder in a municipality in which the
240 applicant operates or proposes to operate shall, upon request, be
241 granted intervenor status with opportunity for cross-examination.
242 Each applicant for licensure shall furnish proof of financial
243 responsibility which the commissioner deems sufficient to satisfy any
244 claim. The commissioner may adopt regulations, in accordance with
245 the provisions of chapter 54, to establish satisfactory kinds of coverage
246 and limits of insurance for each applicant for either licensure or
247 certification. Until such regulations are adopted, the following shall be
248 the required limits for licensure: (1) For damages by reason of personal
249 injury to, or the death of, one person on account of any accident, at
250 least five hundred thousand dollars, and more than one person on
251 account of any accident, at least one million dollars, (2) for damage to
252 property at least fifty thousand dollars, and (3) for malpractice in the
253 care of one passenger at least two hundred fifty thousand dollars, and
254 for more than one passenger at least five hundred thousand dollars. In
255 lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this
256 subsection, a single limit of liability shall be allowed as follows: (A) For
257 damages by reason of personal injury to, or death of, one or more
258 persons and damage to property, at least one million dollars; and (B)
259 for malpractice in the care of one or more passengers, at least five

260 hundred thousand dollars. A certificate of such proof shall be filed
261 with the commissioner. Upon determination by the commissioner that
262 an applicant is financially responsible, properly certified and otherwise
263 qualified to operate a commercial ambulance service, rescue service or
264 management service, the commissioner shall issue [a] the appropriate
265 license effective for one year to such applicant. If the commissioner
266 determines that an applicant for either a certificate or license is not so
267 qualified, the commissioner shall notify such applicant of the denial of
268 the application with a statement of the reasons for such denial. Such
269 applicant shall have thirty days to request a hearing on the denial of
270 the application.

271 (b) Any person, management service organization or emergency
272 medical service organization which does not maintain standards or
273 violates regulations adopted under any section of this chapter
274 applicable to such person or organization may have such person's or
275 organization's license or certification suspended or revoked or may be
276 subject to any other disciplinary action specified in section 19a-17 after
277 notice by certified mail to such person or organization of the facts or
278 conduct which warrant the intended action. Such person or emergency
279 medical service organization shall have an opportunity to show
280 compliance with all requirements for the retention of such certificate or
281 license. In the conduct of any investigation by the commissioner of
282 alleged violations of the standards or regulations adopted under the
283 provisions of this chapter, the commissioner may issue subpoenas
284 requiring the attendance of witnesses and the production by any
285 medical service organization or person of reports, records, tapes or
286 other documents which concern the allegations under investigation.
287 All records obtained by the commissioner in connection with any such
288 investigation shall not be subject to the provisions of section 1-210, as
289 amended, for a period of six months from the date of the petition or
290 other event initiating such investigation, or until such time as the
291 investigation is terminated pursuant to a withdrawal or other informal
292 disposition or until a hearing is convened pursuant to chapter 54,
293 whichever is earlier. A complaint, as defined in subdivision (6) of

294 section 19a-13, shall be subject to the provisions of section 1-210, as
295 amended, from the time that it is served or mailed to the respondent.
296 Records which are otherwise public records shall not be deemed
297 confidential merely because they have been obtained in connection
298 with an investigation under this chapter.

299 (c) Any person, management service organization or emergency
300 medical service organization aggrieved by an act or decision of the
301 commissioner regarding certification or licensure may appeal in the
302 manner provided by chapter 54.

303 (d) Any person guilty of any of the following acts shall be fined not
304 more than two hundred fifty dollars, or imprisoned not more than
305 three months, or be both fined and imprisoned: (1) In any application
306 to the commissioner or in any proceeding before or investigation made
307 by the commissioner, knowingly making any false statement or
308 representation, or, with knowledge of its falsity, filing or causing to be
309 filed any false statement or representation in a required application or
310 statement; (2) issuing, circulating or publishing or causing to be issued,
311 circulated or published any form of advertisement or circular for the
312 purpose of soliciting business which contains any statement that is
313 false or misleading, or otherwise likely to deceive a reader thereof,
314 with knowledge that it contains such false, misleading or deceptive
315 statement; (3) giving or offering to give anything of value to any
316 person for the purpose of promoting or securing ambulance or rescue
317 service business or obtaining favors relating thereto; (4) administering
318 or causing to be administered, while serving in the capacity of an
319 employee of any licensed ambulance or rescue service, any alcoholic
320 liquor to any patient in such employee's care, except under the
321 supervision and direction of a licensed physician; (5) in any respect
322 wilfully violating or failing to comply with any provision of this
323 chapter or wilfully violating, failing, omitting or neglecting to obey or
324 comply with any regulation, order, decision or license, or any part or
325 provisions thereof; (6) with one or more other persons, conspiring to
326 violate any license or order issued by the commissioner or any
327 provision of this chapter.

328 (e) No person shall place any advertisement or produce any printed
329 matter that holds that person out to be an ambulance service unless
330 such person is licensed or certified pursuant to this section. Any such
331 advertisement or printed matter shall include the license or certificate
332 number issued by the commissioner.

333 (f) Each licensed or certified ambulance service shall secure and
334 maintain medical control, as defined in section 19a-179 of the 2006
335 supplement to the general statutes, by a sponsor hospital, as defined in
336 said section 19a-179, for all its emergency medical personnel, whether
337 such personnel are employed by the ambulance service or a
338 management service.

339 (g) Each applicant whose request for new or expanded emergency
340 medical services is approved shall, not later than six months after the
341 date of such approval, acquire the necessary resources, equipment and
342 other material necessary to comply with the terms of the approval and
343 operate in the service area identified in the application. If the applicant
344 fails to do so, the approval for new or expanded medical services shall
345 be void and the commissioner shall rescind the approval.

346 (h) Notwithstanding the provisions of subsection (a) of this section,
347 any volunteer or municipal ambulance service that is licensed or
348 certified and is a primary service area responder may apply to the
349 commissioner to add one emergency vehicle to its existing fleet every
350 three years, on a short form application prescribed by the
351 commissioner. No such volunteer or municipal ambulance service may
352 add more than one emergency vehicle to its existing fleet pursuant to
353 this subsection regardless of the number of municipalities served by
354 such volunteer or municipal ambulance service. Upon making such
355 application, the applicant shall notify in writing all other primary
356 service area responders in any municipality or abutting municipality
357 in which the applicant proposes to add the additional emergency
358 vehicle. Except in the case where a primary service area responder
359 entitled to receive notification of such application objects, in writing, to
360 the commissioner not later than fifteen calendar days after receiving

361 such notice, the application shall be deemed approved thirty calendar
362 days after filing. If any such primary service area responder files an
363 objection with the commissioner within the fifteen calendar day time-
364 period and requests a hearing, the applicant shall be required to
365 demonstrate need at a public hearing as required under subsection (a)
366 of this section.

367 (i) The commissioner shall develop a short form application for
368 primary service area responders seeking to add an emergency vehicle
369 to its existing fleet pursuant to subsection (h) of this section. The
370 application shall require the applicant to provide such information as
371 the commissioner deems necessary, including, but not limited to, (1)
372 the applicant's name and address, (2) the primary service area where
373 the additional vehicle is proposed, (3) an explanation as to why the
374 additional vehicle is necessary and its proposed use, (4) proof of
375 insurance, (5) a list of the providers to whom notice was sent pursuant
376 to subsection (h) of this section and proof of such notification, and (6)
377 total call volume, response time and calls passed within the primary
378 service area for the one year period preceding the date of the
379 application."

380 Strike section 41 in its entirety and insert the following in lieu
381 thereof:

382 "Sec. 41. (NEW) (*Effective from passage*) On or before October 1, 2006,
383 the Department of Public Health shall publish guidelines establishing
384 mold abatement protocols that include acceptable methods for
385 performing mold remediation or abatement work. Such guidelines
386 shall not be deemed to be regulations, as defined in section 4-166 of the
387 general statutes."

388 Strike section 42 in its entirety and renumber remaining sections
389 and internal references accordingly

390 Strike section 43 in its entirety and insert the following in lieu
391 thereof:

392 "Sec. 43. Subsection (c) of section 19a-127l of the 2006 supplement to
393 the general statutes is repealed and the following is substituted in lieu
394 thereof (*Effective October 1, 2006*):

395 (c) (1) There is established a Quality of Care Advisory Committee
396 which shall advise the Department of Public Health on the issues set
397 forth in subdivisions (1) to (12), inclusive, of subsection (b) of this
398 section. The advisory committee shall meet at least quarterly.

399 (2) Said committee shall create a standing subcommittee on best
400 practices. The subcommittee shall (A) advise the department on
401 effective methods for sharing with providers the quality improvement
402 information learned from the department's review of reports and
403 corrective action plans, including quality improvement practices,
404 patient safety issues and preventative strategies, [and] (B) not later
405 than January 1, 2006, review and make recommendations concerning
406 best practices with respect to when breast cancer screening should be
407 conducted using comprehensive ultrasound screening or mammogram
408 examinations, and (C) not later than January 1, 2008, study and make
409 recommendations to the department concerning best practices with
410 respect to communications between a patient's primary care provider
411 and other providers involved in a patient's care, including hospitalists
412 and specialists. The department shall, at least quarterly, disseminate
413 information regarding quality improvement practices, patient safety
414 issues and preventative strategies to the subcommittee and hospitals."

415 After the last section, add the following and renumber sections and
416 internal references accordingly:

417 "Sec. 501. Subsection (g) of section 19a-490 of the 2006 supplement to
418 the general statutes is repealed and the following is substituted in lieu
419 thereof (*Effective from passage*):

420 (g) "Mental health facility" means any facility for the care or
421 treatment of mentally ill or emotionally disturbed [adults] persons, or
422 any mental health outpatient treatment facility that provides treatment
423 to persons sixteen years of age or older who are receiving services

424 from the Department of Mental Health and Addiction Services, but
425 does not include family care homes for the mentally ill.

426 Sec. 502. Section 20-65i of the general statutes is repealed and the
427 following is substituted in lieu thereof (*Effective from passage*):

428 A license to practice athletic training shall not be required of: (1) A
429 practitioner who is licensed or certified by a state agency and is
430 performing services within the scope of practice for which such person
431 is licensed or certified; (2) a student intern or trainee pursuing a course
432 of study in athletic training, provided the activities of such student
433 intern or trainee are performed under the supervision of a person
434 licensed to practice athletic training and the student intern or trainee is
435 given the title of "athletic trainer intern", or similar designation; (3) a
436 person employed or volunteering as a coach of amateur sports who
437 provides first aid for athletic injuries to athletes being coached by such
438 person; (4) a person who furnishes assistance in an emergency; or (5) a
439 person who acts as an athletic trainer in this state for less than thirty
440 days per calendar year and who is licensed as an athletic trainer by
441 another state or is certified by the [National Athletic Trainers'
442 Association] Board of Certification, Inc., or its successor organization.

443 Sec. 503. Section 20-65j of the general statutes is repealed and the
444 following is substituted in lieu thereof (*Effective October 1, 2006*):

445 (a) Except as provided in subsections (b) and (c) of this section, an
446 applicant for a license to practice athletic training shall have: (1) A
447 baccalaureate degree from a regionally accredited institution of higher
448 education, or from an institution of higher learning located outside of
449 the United States that is legally chartered to grant postsecondary
450 degrees in the country in which such institution is located; and (2)
451 current certification as an athletic trainer by the [National Athletic
452 Trainers' Association] Board of Certification, Inc., or its successor
453 organization.

454 (b) An applicant for licensure to practice athletic training by
455 endorsement shall present evidence satisfactory to the commissioner

456 (1) of licensure or certification as an athletic trainer, or as a person
457 entitled to perform similar services under a different designation, in
458 another state having requirements for practicing in such capacity that
459 are substantially similar to or higher than the requirements in force in
460 this state, and (2) that there is no disciplinary action or unresolved
461 complaint pending against such applicant.

462 (c) [For the period from the effective date of this section to one year
463 from said date] Prior to April 30, 2007, the commissioner shall grant a
464 license as an athletic trainer to any applicant who presents evidence
465 satisfactory to the commissioner of (1) the continuous providing of
466 services as an athletic trainer since October 1, 1979, or (2) certification
467 as an athletic trainer by the [National Athletic Trainers' Association]
468 Board of Certification, Inc., or its successor organization.

469 Sec. 504. Section 20-65k of the general statutes is repealed and the
470 following is substituted in lieu thereof (*Effective from passage*):

471 (a) The commissioner shall grant a license to practice athletic
472 training to an applicant who presents evidence satisfactory to the
473 commissioner of having met the requirements of section 20-65j. An
474 application for such license shall be made on a form required by the
475 commissioner. The fee for an initial license under this section shall be
476 one hundred fifty dollars.

477 (b) A license to practice athletic training may be renewed in
478 accordance with the provisions of section 19a-88, as amended,
479 provided any licensee applying for license renewal shall maintain
480 certification as an athletic trainer by the [National Athletic Trainers'
481 Association] Board of Certification, Inc., or its successor organization.
482 The fee for such renewal shall be one hundred dollars.

483 Sec. 505. (NEW) (*Effective from passage*) The Department of Public
484 Health may take any action set forth in section 19a-17 of the general
485 statutes if a person issued a license pursuant to section 20-65k of the
486 general statutes, as amended by this act, fails to conform to the
487 accepted standards of the athletic trainer profession, including, but not

488 limited to, the following: Conviction of a felony; fraud or deceit in the
489 practice of athletic training; illegal, negligent, incompetent or wrongful
490 conduct in professional activities; emotional disorder or mental illness;
491 physical illness including, but not limited to, deterioration through the
492 aging process; abuse or excessive use of drugs, including alcohol,
493 narcotics or chemicals; wilful falsification of entries into any patient
494 record pertaining to athletic training; misrepresentation or
495 concealment of a material fact in the obtaining or reinstatement of an
496 athletic trainer license; or violation of any provisions of chapter 375a of
497 the general statutes, or any regulation adopted under said chapter
498 375a. The Commissioner of Public Health may order a license holder to
499 submit to a reasonable physical or mental examination if the license
500 holder's physical or mental capacity to practice safely is the subject of
501 an investigation. The commissioner may petition the superior court for
502 the judicial district of Hartford to enforce such order or any action
503 taken pursuant to section 19a-17 of the general statutes. Notice of any
504 contemplated action under said section 19a-17, the cause of the action
505 and the date of a hearing on the action shall be given and an
506 opportunity for hearing afforded in accordance with the provisions of
507 chapter 54 of the general statutes.

508 Sec. 506. Section 20-71 of the general statutes is repealed and the
509 following is substituted in lieu thereof (*Effective from passage*):

510 (a) The Department of Public Health may issue a license to practice
511 physical therapy without examination, on payment of a fee of two
512 hundred twenty-five dollars, to an applicant who is a physical
513 therapist registered or licensed under the laws of any other state or
514 territory of the United States, any province of Canada or any other
515 country, if the requirements for registration or licensure of physical
516 therapists in such state, territory, province or country were, at the time
517 of application, similar to or higher than the requirements in force in
518 this state.

519 (b) The department may issue a physical therapist assistant license
520 without examination, on payment of a fee of one hundred fifty dollars,

521 to an applicant who [:(1) Is] is a physical therapist assistant registered
522 or licensed under the laws of any other state or territory of the United
523 States, any province of Canada or any other country, if the
524 requirements for registration or licensure of physical therapist
525 assistants in such state, territory, province or country were, at the time
526 of application, similar to or higher than the requirements in force in
527 this state. [;(2) was eligible for registration as a physical therapist
528 assistant before the later of October 1, 2000, or the date notice is
529 published by the Commissioner of Public Health in the Connecticut
530 Law Journal indicating that the licensing of athletic trainers and
531 physical therapist assistants is being implemented by the
532 commissioner; or (3) as of July 1, 2000, (A) is a graduate of an
533 approved United States physical therapy school, approved by the
534 Board of Examiners for Physical Therapists, with the consent of the
535 Commissioner of Public Health, or (B) has completed twenty years of
536 employment as a physical therapist assistant prior to October 1, 1989.]

537 (c) Notwithstanding the provisions of section 20-70, prior to April
538 30, 2007, the commissioner may issue a physical therapist assistant
539 license to any applicant who presents evidence satisfactory to the
540 commissioner of having completed twenty years of employment as a
541 physical therapist assistant prior to October 1, 1989, on payment of a
542 fee of one hundred fifty dollars.

543 (d) Notwithstanding the provisions of section 20-70, the
544 commissioner may issue a physical therapist assistant license to any
545 applicant who presents evidence satisfactory to the commissioner of
546 having registered as a physical therapist assistant with the Department
547 of Public Health on or before April 1, 2006, on payment of a fee of one
548 hundred fifty dollars.

549 Sec. 507. Section 20-195dd of the general statutes is repealed and the
550 following is substituted in lieu thereof (*Effective October 1, 2006*):

551 (a) Except as provided in subsections (b) and (c) of this section, an
552 applicant for a license as a professional counselor shall submit

evidence satisfactory to the Commissioner of Public Health of having:

(1) Completed sixty graduate semester hours deemed to be in or related to the discipline of [professional] counseling by the National Board for Certified Counselors, or its successor organization, at a regionally accredited institution of higher education, which included the core and clinical curriculum of the Council for Accreditation of Counseling and Related Educational Programs and preparation in principles of etiology, diagnosis, treatment planning and prevention of mental and emotional disorders and dysfunctional behavior; [, and has] (2) earned, from a regionally accredited institution of higher education [with a major deemed to be in the discipline of professional counseling by the National Board for Certified Counselors or its successor organization, either] (A) a master's degree of at least forty-two graduate semester hours [or] with a major deemed to be in the discipline of counseling by the National Board for Certified Counselors or its successor organization, (B) a master's degree with a major in social work, marriage and family therapy, counseling, psychology or a related mental health field and a sixth-year degree deemed to be in the discipline of counseling by the National Board for Certified Counselors or its successor organization, or [(B)] (C) a doctoral degree with a major deemed to be in the discipline of counseling by the National Board for Certified Counselors or its successor organization; [(2)] (3) acquired three thousand hours of postgraduate-degree-supervised experience in the practice of professional counseling, performed over a period of not less than one year, that included a minimum of one hundred hours of direct supervision by (A) a physician licensed pursuant to chapter 370 who has obtained certification in psychiatry from the American Board of Psychiatry and Neurology, (B) a psychologist licensed pursuant to chapter 383, (C) an advanced practice registered nurse licensed pursuant to chapter 378 and certified as a clinical specialist in adult psychiatric and mental health nursing with the American Nurses Credentialing Center, (D) a marital and family therapist licensed pursuant to chapter 383a, (E) a clinical social worker licensed pursuant to chapter 383b, (F) a professional counselor licensed, or prior to October 1, 1998, eligible for licensure, pursuant to

588 section 20-195cc, or (G) a physician certified in psychiatry by the
589 American Board of Psychiatry and Neurology, psychologist, advanced
590 practice registered nurse certified as a clinical specialist in adult
591 psychiatric and mental health nursing with the American Nurses
592 Credentialing Center, marital and family therapist, clinical social
593 worker or professional counselor licensed or certified as such or as a
594 person entitled to perform similar services, under a different
595 designation, in another state or jurisdiction whose requirements for
596 practicing in such capacity are substantially similar to or higher than
597 those of this state; and [(3)] (4) passed an examination prescribed by
598 the commissioner.

599 (b) Prior to December 30, 2001, an applicant for a license as a
600 professional counselor may, in lieu of the requirements set forth in
601 subsection (a) of this section, submit evidence satisfactory to the
602 commissioner of having: (A) Earned at least a thirty-hour master's
603 degree, sixth-year degree or doctoral degree from a regionally
604 accredited institution of higher education with a major in social work,
605 marriage and family therapy, counseling, psychology or forensic
606 psychology; (B) practiced professional counseling for a minimum of
607 two years within a five-year period immediately preceding
608 application; and (C) passed an examination prescribed by the
609 commissioner.

610 (c) An applicant for licensure by endorsement shall present
611 evidence satisfactory to the commissioner that the applicant is licensed
612 or certified as a professional counselor, or as a person entitled to
613 perform similar services under a different designation, in another state
614 or jurisdiction whose requirements for practicing in such capacity are
615 substantially similar to or higher than those of this state and that there
616 are no disciplinary actions or unresolved complaints pending.

617 Sec. 508. (*Effective from passage*) Notwithstanding the provisions of
618 section 20-195cc of the general statutes and section 20-195dd of the
619 general statutes, as amended by this act, during the period
620 commencing on the effective date of this section and ending thirty

621 days after said effective date, the commissioner shall grant a license as
622 a professional counselor to any applicant who furnishes evidence
623 satisfactory to the Commissioner of Public Health that the applicant
624 has (1) earned a doctoral degree in psychology prior to 1983, (2)
625 completed at least nine semester hours in counseling or counseling
626 related coursework from a regionally accredited institution of higher
627 education, (3) passed an examination prescribed by the Commissioner
628 of Public Health, and (4) acquired three thousand hours of
629 postgraduate supervised experience in the practice of professional
630 counseling, performed over a period of not less than one year, that
631 included a minimum of one hundred hours of direct supervision by a
632 professional counselor licensed pursuant to section 20-195cc of the
633 general statutes.

634 Sec. 509. (NEW) (*Effective from passage*) (a) For purposes of this
635 section and section 510 of this act:

636 (1) "Drugs" means (A) substances recognized as drugs in the official
637 United States Pharmacopoeia, official Homeopathic Pharmacopoeia of
638 the United States, or official National Formulary, or any supplement to
639 any of said publications; (B) substances intended for use in the
640 diagnosis, cure, mitigation, treatment or prevention of disease in man
641 or animals; (C) substances, other than food, intended to affect the
642 structure or any function of the body of man or animals; and (D)
643 substances intended for use as a component of any article specified in
644 subparagraph (A), (B) or (C) of this subdivision. "Drugs" does not
645 include devices or their components, parts or accessories;

646 (2) "Controlled drugs" means those drugs which contain any
647 quantity of a substance which has been designated as subject to the
648 federal Controlled Substances Act, or which has been designated as a
649 depressant or stimulant drug pursuant to federal food and drug laws,
650 or which has been designated by the Commissioner of Consumer
651 Protection pursuant to section 21a-243 of the general statutes, as
652 having a stimulant, depressant or hallucinogenic effect upon the
653 higher functions of the central nervous system and as having a

654 tendency to promote abuse or psychological or physiological
655 dependence, or both. Such controlled drugs are classifiable as
656 amphetamine-type, barbiturate-type, cannabis-type, cocaine-type,
657 hallucinogenic, morphine-type and other stimulant and depressant
658 drugs. "Controlled drugs" does not include alcohol, nicotine or
659 caffeine;

660 (3) "Controlled substance" means a drug, substance or immediate
661 precursor in schedules I to V, inclusive, of the Connecticut controlled
662 substance scheduling regulations adopted pursuant to section 21a-243
663 of the general statutes. "Controlled substance" does not include
664 alcohol, nicotine or caffeine.

665 (b) Upon declaration of an emergency by the Governor or the
666 Governor's authorized representative having authority to declare
667 emergencies, a hospital pharmacy, pharmacy or registrant authorized
668 by state or federal law to be in possession of controlled substances
669 may, in accordance with applicable federal regulations, policies and
670 guidelines and with prior approval of the Commissioner of Consumer
671 Protection, transfer or distribute drugs or controlled drugs to a
672 licensed pharmacy, a registrant authorized by state or federal law to be
673 in possession of controlled substances, or a location authorized by the
674 commissioner. Such registrant shall record the transfer accurately and
675 in compliance with all state and federal statutes and regulations and
676 shall report the transfer, in writing, to the commissioner.

677 Sec. 510. (NEW) (*Effective from passage*) (a) Each licensed wholesaler
678 that distributes prescription drugs, including licensed repackagers of
679 the finished form of controlled drugs or noncontrolled prescription
680 drug products, shall provide the Commissioner of Consumer
681 Protection an inventory report regarding such wholesaler's on-hand
682 inventory of specifically identified prescription drugs, in all forms and
683 strengths.

684 (b) (1) The Commissioner of Consumer Protection shall establish a
685 list of strategic prescription drugs for which reporting is required

686 pursuant to subsection (a) of this section. The list shall include, but not
687 be limited to, selected vaccines and antibiotic products. The list shall
688 be based on priorities established by the commissioner after
689 consultation with the Commissioner of Public Health. The list shall be
690 based upon anticipated medication requirements for public health
691 preparedness, pharmacological-terrorism prevention or response, and
692 medication and economic integrity and shall be issued biannually,
693 indicating any additions, substitutions or deletions that have been
694 made to such list since it was last issued.

695 (2) An inventory report made pursuant to subsection (a) of this
696 section shall include, but not be limited to, (A) the name, address, town
697 and state of the wholesaler and manufacturer, (B) the name of the
698 prescription drug, (C) the quantity of the drug on hand, including the
699 size of each container and number of containers, and (D) the date of
700 the report. Such information shall be reported at such time and in a
701 manner prescribed by the Commissioner of Consumer Protection.

702 (c) Information provided by licensed wholesalers pursuant to this
703 section shall not be subject to disclosure under the Freedom of
704 Information Act, as defined in section 1-200 of the general statutes, and
705 shall be available only to the Department of Consumer Protection, the
706 Department of Public Health, the Office of Emergency Management
707 and such other agencies or entities as the Commissioner of Consumer
708 Protection determines, after request by such agency or entity and
709 demonstration of a need for the information for purposes of public
710 health preparedness, pharmacological-terrorism prevention or
711 response, medication integrity or such other purpose deemed
712 appropriate by the commissioner.

713 (d) The Commissioner of Consumer Protection, with the advice and
714 assistance of the Commission of Pharmacy, may adopt regulations, in
715 accordance with chapter 54 of the general statutes, to carry out the
716 provisions of this section.

717 (e) Any person who violates the provisions of subsection (a) of this

718 section shall be fined not more than ten thousand dollars or
719 imprisoned not more than one year, or both.

720 Sec. 511. (*Effective from passage*) (a) The Commissioner of Public
721 Health shall establish an ad hoc committee for the purpose of assisting
722 the commissioner in examining and evaluating statutory and
723 regulatory changes to improve health care through access to school
724 based health centers, particularly by persons who are underinsured,
725 uninsured or receiving services under the state Medicaid program. The
726 committee shall hold its first meeting not later than July 15, 2006. The
727 committee shall focus on improving school based resources,
728 facilitating access to school based health centers and identifying or
729 recommending appropriate fiscal support for the operational and
730 capital activities of school based health centers. The committee shall
731 also assess the current school based health center system, with
732 particular focus on (1) expansion of existing services in order to
733 achieve the school based health center model, (2) supportive processes
734 necessary for such expansion, including the development and use of
735 unified data systems, (3) identifying geographical areas of need, (4)
736 financing necessary to sustain an expanded system, and (5) availability
737 of services under the current system and under an expanded system.
738 Other topics may be included at the discretion of the commissioner
739 and the committee.

740 (b) (1) The ad hoc committee shall consist of the Commissioners of
741 Public Health and Social Services, or their designees, and the following
742 members appointed by the Commissioner of Public Health (A) two
743 employees of the Department of Public Health, (B) one employee of the
744 Department of Mental Health and Addiction Services recommended
745 by the Department of Mental Health and Addiction Services, (C) one
746 employee of the Office of Policy and Management recommended by
747 the Office of Policy and Management, and (D) three school based
748 health center providers recommended by the Connecticut Association
749 of School Based Health Centers.

750 (2) The Commissioner of Public Health may expand the

751 membership of the ad hoc committee to include representatives from
752 related fields if the commissioner decides such expansion would be
753 useful.

754 (c) On or before December 1, 2006, the Commissioner of Public
755 Health shall submit, in accordance with section 11-4a of the general
756 statutes, the results of the examination, with specific recommendations
757 for any necessary statutory or regulatory changes, to the Governor and
758 the joint standing committee of the General Assembly having
759 cognizance of matters relating to public health.

760 Sec. 512. (NEW) (*Effective October 1, 2006*) The Department of Public
761 Health shall, within available appropriations, establish a
762 comprehensive cancer plan for the state of Connecticut. Such plan shall
763 provide for (1) creation of a state-wide smoking cessation program
764 targeting Medicaid recipients, (2) development and implementation of
765 a program to encourage colorectal screenings for state residents, (3)
766 development and implementation of a state-wide clinical trials
767 network, (4) identification of services for, and provision of assistance
768 to, cancer survivors, and (5) identification of, and the provision of
769 services to, organizations that offer educational programs on hospice
770 or palliative care.

771 Sec. 513. Section 1 of house bill 5616 of the current session is
772 repealed and the following is substituted in lieu thereof (*Effective from*
773 *passage*):

774 (a) As used in this section, "clinical laboratory" has the same
775 meaning as provided in section 19a-30 of the general statutes, and
776 "patient" does not include any person under eighteen years of age.

777 (b) Beginning September 1, 2006:

778 (1) Each physician licensed under chapter 370 of the general statutes
779 shall order a serum creatinine test as part of each patient's annual
780 physical examination if the patient has not submitted to such test
781 within the one-year period preceding the annual physical examination.

782 The order shall include a notification that the test is being ordered
783 pursuant to the provisions of this subdivision.

784 [(2) Each hospital licensed in this state shall order a serum creatinine
785 test for each patient admitted to the hospital at least once during such
786 patient's hospital stay. The order shall include a notification that the
787 test is being ordered pursuant to the provisions of this subdivision.]

788 (2) For each serum creatinine test performed on a patient admitted
789 as an inpatient to a hospital licensed in this state, the ordering provider
790 shall request, at least once during such patient's hospital stay, that the
791 laboratory performing the test include an estimated glomerular
792 filtration rate in the laboratory report if the patient has not submitted
793 to such test within the one-year period preceding such hospitalization.

794 (3) Any person, firm or corporation operating a clinical laboratory
795 licensed in this state shall ensure that when the clinical laboratory tests
796 a specimen to determine a patient's serum creatinine level, as ordered
797 or prescribed by a physician or provider in a hospital pursuant to
798 subdivision (1) or (2) of this section, the clinical laboratory shall (A)
799 calculate the patient's estimated glomerular filtration rate using the
800 patient's age and gender, which information shall be provided to the
801 clinical laboratory by the physician or the provider in a hospital, and
802 (B) include the patient's estimated glomerular filtration rate with its
803 report to the physician or the provider in a hospital.

804 (4) A person, firm or corporation operating a clinical laboratory
805 licensed in this state shall be deemed in compliance with subdivision
806 (3) of this section if the clinical laboratory makes available to the
807 ordering physician or provider in a hospital test order codes for serum
808 creatinine that include eGFR."

809 Sec. 514. (NEW) (*Effective October 1, 2006*) Each public golf course, as
810 defined in section 30-33 of the general statutes, shall provide and
811 maintain in a central location on the premises of the public golf course,
812 at least one automatic external defibrillator, as defined in section 19a-
813 175 of the general statutes.

814 Sec. 515. (NEW) (*Effective October 1, 2006*) (a) As used in this section,
815 "Alzheimer's special care unit or program" means any nursing facility,
816 residential care home, assisted living facility, adult congregate living
817 facility, adult day care center, hospice or adult foster home that locks,
818 secures, segregates or provides a special program or unit for residents
819 with a diagnosis of probable Alzheimer's disease, dementia or other
820 similar disorder, in order to prevent or limit access by a resident
821 outside the designated or separated area, and that advertises or
822 markets the facility as providing specialized care or services for
823 persons suffering from Alzheimer's disease or dementia.

824 (b) On and after January 1, 2007, each Alzheimer's special care unit
825 or program shall provide written disclosure to any person who will be
826 placed in such a unit or program or to that person's legal
827 representative or other responsible party. Such disclosure shall be
828 signed by the patient or responsible party and shall explain what
829 additional care and treatment or specialized program will be provided
830 in the Alzheimer's special care unit or program that is distinct from the
831 care and treatment required by applicable licensing rules and
832 regulations, including, but not limited to:

833 (1) Philosophy. A written statement of the overall philosophy and
834 mission of the Alzheimer's special care unit or program that reflects
835 the needs of residents with Alzheimer's disease, dementia or other
836 similar disorders.

837 (2) Preadmission, admission and discharge. The process and criteria
838 for placement within or transfer or discharge from the Alzheimer's
839 special care unit or program.

840 (3) Assessment, care planning and implementation. The process
841 used for assessing and establishing and implementing the plan of care,
842 including the method by which the plan of care is modified in
843 response to changes in condition.

844 (4) Staffing patterns and training ratios. The nature and extent of
845 staff coverage, including staff to patient ratios and staff training and

846 continuing education.

847 (5) Physical environment. The physical environment and design
848 features appropriate to support the functioning of cognitively
849 impaired adult residents.

850 (6) Residents' activities. The frequency and types of resident
851 activities and the ratio of residents to recreation staff.

852 (7) Family role in care. The involvement of families and family
853 support programs.

854 (8) Program costs. The cost of care and any additional fees.

855 (c) Each Alzheimer's special care unit or program shall develop a
856 standard disclosure form for compliance with subsection (b) of this
857 section and shall annually review and verify the accuracy of the
858 information provided by Alzheimer's special care units or programs.
859 Each Alzheimer's special care unit or program shall update any
860 significant changes to the information reported pursuant to subsection
861 (b) of this section not later than thirty days after such change.

862 Sec. 516. (NEW) (*Effective from passage*) Each Alzheimer's special care
863 unit or program shall annually provide Alzheimer's and dementia
864 specific training to all licensed and registered direct care staff who
865 provide direct patient care to residents enrolled in Alzheimer's special
866 care units or programs. Such requirements shall include, but not
867 limited to, (1) not less than eight hours of dementia-specific training,
868 which shall be completed not later than six months after the date of
869 employment and not less than three hours of such training annually
870 thereafter, and (2) annual training of not less than two hours in pain
871 recognition and administration of pain management techniques for
872 direct care staff.

873 Sec. 517. Subsection (f) of section 28-25b of the general statutes is
874 repealed and the following is substituted in lieu thereof (*Effective from*
875 *passage*):

876 (f) On and after January 1, 2001, each public safety answering point
877 shall submit to the office, on a quarterly basis, a report of [the calls for
878 emergency medical services received] all calls for services received
879 through the 9-1-1 system by the public safety answering point. Such
880 report shall include, but not be limited to, the following information:
881 (1) The number of 9-1-1 calls during the reporting quarter; [that
882 involved a medical emergency;] and (2) for each such call, the elapsed
883 time period from the time the call was received to the time the call was
884 answered, and the elapsed time period from the time the call was
885 answered to the time [emergency response services were dispatched
886 or] the call was transferred or [relayed to another public safety agency
887 or private safety agency] terminated, expressed in time ranges or
888 fractile response times. The information required under this subsection
889 may be submitted in any written or electronic form selected by such
890 public safety answering point and approved by the Commissioner of
891 Public Safety, provided the commissioner shall take into consideration
892 the needs of such public safety answering point in approving such
893 written or electronic form. On a quarterly basis, the office shall [furnish
894 such information to the Commissioner of Public Health, shall] make
895 such information available to the public and shall post such
896 information on its web site on the Internet.

897 Sec. 518. Subsection (b) of section 19a-80 of the 2006 supplement to
898 the general statutes is repealed and the following is substituted in lieu
899 thereof (*Effective from passage*):

900 (b) Upon receipt of an application for a license, the Commissioner of
901 Public Health shall issue such license if, upon inspection and
902 investigation, he finds that the applicant, the facilities and the program
903 meet the health, educational and social needs of children likely to
904 attend the child day care center or group day care home and comply
905 with requirements established by regulations adopted under sections
906 19a-77 to 19a-80, inclusive, as amended, and 19a-82 to 19a-87,
907 inclusive. Each license except a temporary license shall be for a term of
908 two years, shall be inalienable, may be renewed upon terms and
909 conditions established by regulation and may be suspended or

910 revoked after notice and an opportunity for a hearing as provided in
911 section 19a-84 for violation of the regulations promulgated under
912 sections 19a-77 to 19a-80, inclusive, as amended, and 19a-82 to 19a-87,
913 inclusive. The commissioner may issue a temporary license for a term
914 of six months and renewable for another six months, upon such terms
915 and conditions as shall be provided in regulations adopted under said
916 sections. The Commissioner of Public Health shall collect from the
917 licensee of a day care center a fee of two hundred dollars for each
918 license issued or renewed for a term of two years and a fee of fifty
919 dollars for each temporary license issued or renewed for a term of six
920 months. The Commissioner of Public Health shall collect from the
921 licensee of a group day care home a fee of one hundred dollars for each
922 license issued or renewed for a term of two years and a fee of thirty
923 dollars for each temporary license issued or renewed for a term of six
924 months. A child day care center shall only require one license for two
925 or more buildings if each building is operated by the same licensee and
926 the buildings are joined together by a contiguous playground that is
927 part of the licensed space.

928 Sec. 519. Section 53-341 of the general statutes is repealed and the
929 following is substituted in lieu thereof (*Effective from passage*):

930 [No person engaged in the practice of any branch of the art of
931 healing the sick or injured or professing to be engaged in such practice
932 shall make use of the title "doctor" or any abbreviation thereof without
933 further specification or qualification descriptive of the school or kind
934 of practice engaged in by such person or advertise as possessing such
935 title unless such person has received a degree of doctor of medicine or
936 doctor of dental surgery from a reputable university or college
937 authorized by law to confer such a degree. No person who has not
938 been legally licensed or registered to practice any branch of the healing
939 arts in this state shall use or advertise or permit to be used or
940 advertised in connection with such person's name or any trade name
941 in the conduct of any occupation or profession involving or pertaining
942 to public health the title "doctor" or any abbreviation thereof or any
943 designation tending to designate the capability to diagnose, treat,

944 prevent or cure of any human disease, pain, injury, deformity or
945 physical condition, actual or imaginary, except that any dentist who
946 has received a degree of doctor of dental surgery from a reputable
947 university or college authorized by law to confer such degree and who
948 is licensed to practice dentistry in this state may be designated as the
949 possessor of such degree or title. No provision of this section shall
950 apply to any person admitted to practice under the provisions of the
951 Medical Registration Act of 1893. Any person violating any provision
952 of this section shall be fined not more than one hundred dollars or
953 imprisoned not more than sixty days or both.]

954 (a) Except as otherwise permitted by chapters 369 to 388, inclusive,
955 and subsection (b) of this section, no person engaged in the practice of
956 any branch of the art of healing the sick or injured or professing to be
957 engaged in such practice, other than a person who is licensed to
958 practice medicine under the provisions of chapter 370, may use or
959 imply the use of the words "physician", "surgeon", "medical doctor",
960 "osteopath" or "doctor", or the initials "M.D.", "D.O." or "Dr.", or any
961 similar title or description of services, with the intent to represent, or in
962 a manner that is likely to induce the belief that, the person (1) practices
963 medicine within the state, (2) is licensed to practice medicine within
964 the state, or (3) may diagnose or treat any injury, deformity, ailment or
965 disease, actual or imaginary, of another person for compensation, gain
966 or reward.

967 (b) A person who holds the degree of doctor of medicine or doctor
968 of osteopathy, but who is not licensed to practice medicine under the
969 provisions of chapter 370, may use the initials "M.D." or "D.O."
970 provided such initials are not used with the intent to represent, or in a
971 manner that is likely to induce the belief that, the person (1) practices
972 medicine within the state, (2) is licensed to practice medicine within
973 the state, or (3) may diagnose or treat any injury, deformity, ailment or
974 disease, actual or imaginary, of another person for compensation, gain
975 or reward.

976 (c) Any person who violates the provisions of this section or section

977 20-9 of the 2006 supplement to the general statutes, section 20-12d of
978 the 2006 supplement to the general statutes or section 20-12n shall be
979 fined not more than five hundred dollars or imprisoned not more than
980 five years, or both. For purposes of this section, each instance of
981 patient contact or consultation that is in violation of chapter 370 shall
982 constitute a separate offense. Failure to renew a license in a timely
983 manner shall not constitute a violation of this section.

984 Sec. 520. Section 1-55 of the general statutes is repealed and the
985 following is substituted in lieu thereof (*Effective October 1, 2006*):

986 In a statutory short form power of attorney, the language conferring
987 general authority with respect to all other matters shall be construed to
988 mean that the principal authorizes the agent to act as an alter ego of
989 the principal with respect to any matters and affairs not enumerated in
990 sections 1-44 to [1-54a] 1-54, inclusive, and which the principal can do
991 through an agent.

992 Sec. 521. Subsection (g) of section 17a-238 of the general statutes is
993 repealed and the following is substituted in lieu thereof (*Effective*
994 *October 1, 2006*):

995 (g) The commissioner's oversight and monitoring of the medical
996 care of persons placed or treated under the direction of the
997 commissioner does not include the authority to make treatment
998 decisions, except in limited circumstances in accordance with statutory
999 procedures. In the exercise of such oversight and monitoring
1000 responsibilities, the commissioner shall not impede or seek to impede a
1001 properly executed medical order to withhold cardiopulmonary
1002 resuscitation. For purposes of this subsection, "properly executed
1003 medical order to withhold cardiopulmonary resuscitation" means (1) a
1004 written order by the attending physician; (2) in consultation and with
1005 the consent of the patient or a person authorized by law; (3) when the
1006 attending physician is of the opinion that the patient is in a terminal
1007 condition, as defined in [subdivision (3) of] section 19a-570, as
1008 amended by this act, which condition will result in death within days

1009 or weeks; and (4) when such physician has requested and obtained a
1010 second opinion from a Connecticut licensed physician in the
1011 appropriate specialty that confirms the patient's terminal condition;
1012 and includes the entry of such an order when the attending physician
1013 is of the opinion that the patient is in the final stage of a terminal
1014 condition but cannot state that the patient may be expected to expire
1015 during the next several days or weeks, or, in consultation with a
1016 physician qualified to make a neurological diagnosis, deems the
1017 patient to be permanently unconscious, provided the commissioner
1018 has reviewed the decision with the department's director of
1019 community medical services, the family and guardian of the patient
1020 and others who the commissioner deems appropriate, and determines
1021 that the order is a medically acceptable decision.

1022 Sec. 522. Subsection (b) of section 17a-543 of the general statutes is
1023 repealed and the following is substituted in lieu thereof (*Effective*
1024 *October 1, 2006*):

1025 (b) No medical or surgical procedures may be performed without
1026 the patient's written informed consent or, if the patient has been
1027 declared incapable of caring for himself or herself pursuant to sections
1028 45a-644 to 45a-662, inclusive, as amended, and a conservator of the
1029 person has been appointed pursuant to section 45a-650, the written
1030 consent of such conservator. If the head of the hospital, in consultation
1031 with a physician, determines that the condition of an involuntary
1032 patient not declared incapable of caring for himself or herself pursuant
1033 to said sections is of an extremely critical nature and such patient is
1034 incapable of informed consent, medical or surgical procedures may be
1035 performed with the written informed consent of: (1) The patient's
1036 health care representative; (2) the patient's conservator or guardian, if
1037 he or she has one; [(2)] (3) such person's next of kin; [(3)] (4) a person
1038 designated by the patient pursuant to section 1-56r; or [(4)] (5) a
1039 qualified physician appointed by a judge of the Probate Court.
1040 Notwithstanding the provisions of this section, if obtaining the consent
1041 provided for in this section would cause a medically harmful delay to
1042 a voluntary or involuntary patient whose condition is of an extremely

1043 critical nature, as determined by personal observation by a physician
1044 or the senior clinician on duty, emergency treatment may be provided
1045 without consent.

1046 Sec. 523. Subsection (a) of section 19a-279c of the general statutes is
1047 repealed and the following is substituted in lieu thereof (*Effective*
1048 *October 1, 2006*):

1049 (a) Any member of the following classes of persons, in the order of
1050 priority listed, may make an anatomical gift of all or a part of the
1051 decedent's body for an authorized purpose, unless the decedent, before
1052 or at the time of death, has made an unrevoked refusal to make that
1053 anatomical gift: (1) The spouse of the decedent; (2) a person designated
1054 by the decedent pursuant to section 1-56r; (3) an adult son or daughter
1055 of the decedent; (4) either parent of the decedent; (5) an adult brother
1056 or sister of the decedent; (6) a grandparent of the decedent; (7) a
1057 guardian of the person of the decedent at the time of death; (8) any
1058 person legally authorized to make health care decisions for the
1059 decedent prior to death, including, but not limited to, a health care
1060 [agent] representative appointed under section 19a-576, as amended by
1061 this act; and (9) a conservator of the person, as defined in section 45a-
1062 644, as amended.

1063 Sec. 524. Section 19a-570 of the general statutes is repealed and the
1064 following is substituted in lieu thereof (*Effective October 1, 2006*):

1065 For purposes of this section, [and] sections 19a-571 to 19a-580c,
1066 inclusive, as amended by this act:

1067 [(1) "Life support system" means any medical procedure or
1068 intervention which, when applied to an individual, would serve only
1069 to postpone the moment of death or maintain the individual in a state
1070 of permanent unconsciousness. In these circumstances, such
1071 procedures shall include, but are not limited to, mechanical or
1072 electronic devices including artificial means of providing nutrition or
1073 hydration;

1074 (2) "Beneficial medical treatment" includes the use of medically
1075 appropriate treatment including surgery, treatment, medication and
1076 the utilization of artificial technology to sustain life;

1077 (3) "Terminal condition" means the final stage of an incurable or
1078 irreversible medical condition which, without the administration of a
1079 life support system, will result in death within a relatively short time,
1080 in the opinion of the attending physician;

1081 (4) "Permanently unconscious" includes permanent coma and
1082 persistent vegetative state and means an irreversible condition in
1083 which the individual is at no time aware of himself or the environment
1084 and shows no behavioral response to the environment;

1085 (5) "Health care agent" means an adult person to whom authority to
1086 convey health care decisions is delegated in a written document by
1087 another adult person, known as the principal;

1088 (6) "Incapacitated" means being unable to understand and
1089 appreciate the nature and consequences of health care decisions,
1090 including the benefits and disadvantages of such treatment, and to
1091 reach and communicate an informed decision regarding the treatment;

1092 (7) "Living will" means a written statement in compliance with
1093 section 19a-575a containing a declarant's wishes concerning any aspect
1094 of his health care, including the withholding or withdrawal of life
1095 support systems;

1096 (8) "Next of kin" means any member of the following classes of
1097 persons, in the order of priority listed: (A) The spouse of the patient;
1098 (B) an adult son or daughter of the patient; (C) either parent of the
1099 patient; (D) an adult brother or sister of the patient; and (E) a
1100 grandparent of the patient;

1101 (9) "Attending physician" means the physician selected by, or
1102 assigned to, the patient and who has primary responsibility for the
1103 treatment and care of the patient.]

1104 (1) "Advance health care directive" or "advance directive" means a
1105 writing executed in accordance with the provisions of this chapter,
1106 including, but not limited to, a living will, or an appointment of health
1107 care representative, or both;

1108 (2) "Appointment of health care representative" means a document
1109 executed in accordance with section 19a-575a, as amended by this act,
1110 or section 19a-577, as amended by this act, that appoints a health care
1111 representative to make health care decisions for the declarant in the
1112 event the declarant becomes incapacitated;

1113 (3) "Attending physician" means the physician selected by, or
1114 assigned to, the patient, who has primary responsibility for the
1115 treatment and care of the patient;

1116 (4) "Beneficial medical treatment" includes the use of medically
1117 appropriate treatment, including surgery, treatment, medication and
1118 the utilization of artificial technology to sustain life;

1119 (5) "Health care representative" means the individual appointed by
1120 a declarant pursuant to an appointment of health care representative
1121 for the purpose of making health care decisions on behalf of the
1122 declarant;

1123 (6) "Incapacitated" means being unable to understand and
1124 appreciate the nature and consequences of health care decisions,
1125 including the benefits and disadvantages of such treatment, and to
1126 reach and communicate an informed decision regarding the treatment;

1127 (7) "Life support system" means any medical procedure or
1128 intervention which, when applied to an individual, would serve only
1129 to postpone the moment of death or maintain the individual in a state
1130 of permanent unconsciousness, including, but not limited to,
1131 mechanical or electronic devices, including artificial means of
1132 providing nutrition or hydration;

1133 (8) "Living will" means a written statement in compliance with

1134 section 19a-575a, as amended by this act, containing a declarant's
1135 wishes concerning any aspect of his or her health care, including the
1136 withholding or withdrawal of life support systems;

1137 (9) "Next of kin" means any member of the following classes of
1138 persons, in the order of priority listed: (A) The spouse of the patient;
1139 (B) an adult son or daughter of the patient; (C) either parent of the
1140 patient; (D) an adult brother or sister of the patient; and (E) a
1141 grandparent of the patient;

1142 (10) "Permanently unconscious" means an irreversible condition in
1143 which the individual is at no time aware of himself or herself or the
1144 environment and shows no behavioral response to the environment
1145 and includes permanent coma and persistent vegetative state;

1146 (11) "Terminal condition" means the final stage of an incurable or
1147 irreversible medical condition which, without the administration of a
1148 life support system, will result in death within a relatively short period
1149 time, in the opinion of the attending physician.

1150 Sec. 525. Subsection (a) of section 19a-571 of the general statutes is
1151 repealed and the following is substituted in lieu thereof (*Effective*
1152 *October 1, 2006*):

1153 (a) Subject to the provisions of subsection (c) of this section, any
1154 physician licensed under chapter 370 or any licensed medical facility
1155 who or which withholds, removes or causes the removal of a life
1156 support system of an incapacitated patient shall not be liable for
1157 damages in any civil action or subject to prosecution in any criminal
1158 proceeding for such withholding or removal, provided (1) the decision
1159 to withhold or remove such life support system is based on the best
1160 medical judgment of the attending physician in accordance with the
1161 usual and customary standards of medical practice; (2) the attending
1162 physician deems the patient to be in a terminal condition or, in
1163 consultation with a physician qualified to make a neurological
1164 diagnosis who has examined the patient, deems the patient to be
1165 permanently unconscious; and (3) the attending physician has

1166 considered the patient's wishes concerning the withholding or
1167 withdrawal of life support systems. In the determination of the wishes
1168 of the patient, the attending physician shall consider the wishes as
1169 expressed by a document executed in accordance with sections 19a-575
1170 and 19a-575a, if any such document is presented to, or in the
1171 possession of, the attending physician at the time the decision to
1172 withhold or terminate a life support system is made. If the wishes of
1173 the patient have not been expressed in a living will the attending
1174 physician shall determine the wishes of the patient by consulting any
1175 statement made by the patient directly to the attending physician and,
1176 if available, the patient's health care [agent] representative, the
1177 patient's next of kin, the patient's legal guardian or conservator, if any,
1178 any person designated by the patient in accordance with section 1-56r
1179 and any other person to whom the patient has communicated his
1180 wishes, if the attending physician has knowledge of such person. All
1181 persons acting on behalf of the patient shall act in good faith. If the
1182 attending physician does not deem the incapacitated patient to be in a
1183 terminal condition or permanently unconscious, beneficial medical
1184 treatment including nutrition and hydration must be provided.

1185 Sec. 526. Section 19a-575 of the general statutes is repealed and the
1186 following is substituted in lieu thereof (*Effective October 1, 2006*):

1187 Any person eighteen years of age or older may execute a document
1188 [which shall contain] that contains directions as to [specific life support
1189 systems which such person chooses to have administered] any aspect
1190 of health care, including the withholding or withdrawal of life support
1191 systems. Such document shall be signed and dated by the maker with
1192 at least two witnesses and may be in substantially the following form:

1193 DOCUMENT CONCERNING HEALTH CARE AND
1194 WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT SYSTEMS.

1195 If the time comes when I am incapacitated to the point when I can
1196 no longer actively take part in decisions for my own life, and am
1197 unable to direct my physician as to my own medical care, I wish this

1198 statement to stand as a testament of my wishes.

1199 "I, (Name), request that, if my condition is deemed terminal or if
1200 it is determined that I will be permanently unconscious, I be allowed to
1201 die and not be kept alive through life support systems. By terminal
1202 condition, I mean that I have an incurable or irreversible medical
1203 condition which, without the administration of life support systems,
1204 will, in the opinion of my attending physician, result in death within a
1205 relatively short time. By permanently unconscious I mean that I am in
1206 a permanent coma or persistent vegetative state which is an
1207 irreversible condition in which I am at no time aware of myself or the
1208 environment and show no behavioral response to the environment.
1209 The life support systems which I do not want include, but are not
1210 limited to:

1211 Artificial respiration

1212 Cardiopulmonary resuscitation

1213 Artificial means of providing nutrition and hydration

1214 (Cross out and initial life support systems you want administered)

1215 I do not intend any direct taking of my life, but only that my dying
1216 not be unreasonably prolonged."

1217 Other specific requests:

1218 "This request is made, after careful reflection, while I am of sound
1219 mind."

1220 (Signature)

1221 (Date)

1222 This document was signed in our presence, by the above-named
1223 (Name) who appeared to be eighteen years of age or older, of sound
1224 mind and able to understand the nature and consequences of health
1225 care decisions at the time the document was signed.

1226 (Witness)

1227 (Address)

1228 (Witness)

1229 (Address)

1230 Sec. 527. Section 19a-575a of the general statutes is repealed and the
1231 following is substituted in lieu thereof (*Effective October 1, 2006*):

1232 (a) Any person eighteen years of age or older may execute a
1233 document [which] that contains health care instructions, the
1234 appointment of a [health care agent, the appointment of an attorney-
1235 in-fact for health care decisions] health care representative, the
1236 designation of a conservator of the person for future incapacity and a
1237 document of anatomical gift. Any such document shall be signed and
1238 dated by the maker with at least two witnesses and may be in the
1239 substantially following form:

1240 THESE ARE MY HEALTH CARE INSTRUCTIONS.
1241 MY APPOINTMENT OF A HEALTH CARE [AGENT,
1242 MY APPOINTMENT OF AN ATTORNEY-IN-FACT
1243 FOR HEALTH CARE DECISIONS] REPRESENTATIVE,
1244 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
1245 FOR MY FUTURE INCAPACITY
1246 AND
1247 MY DOCUMENT OF ANATOMICAL GIFT

1248 To any physician who is treating me: These are my health care
1249 instructions including those concerning the withholding or withdrawal
1250 of life support systems, together with the appointment of my health
1251 care [agent and my attorney-in-fact for health care decisions]
1252 representative, the designation of my conservator of the person for
1253 future incapacity and my document of anatomical gift. As my
1254 physician, you may rely on these health care instructions and any
1255 decision made by my health care [agent, attorney-in-fact for health care
1256 decisions] representative or conservator of my person, if I am [unable
1257 to make a decision for myself] incapacitated to the point when I can no
1258 longer actively take part in decisions for my own life, and am unable to

1259 direct my physician as to my own medical care.

1260 I, ..., the author of this document, request that, if my condition is
1261 deemed terminal or if I am determined to be permanently
1262 unconscious, I be allowed to die and not be kept alive through life
1263 support systems. By terminal condition, I mean that I have an
1264 incurable or irreversible medical condition which, without the
1265 administration of life support systems, will, in the opinion of my
1266 attending physician, result in death within a relatively short time. By
1267 permanently unconscious I mean that I am in a permanent coma or
1268 persistent vegetative state which is an irreversible condition in which I
1269 am at no time aware of myself or the environment and show no
1270 behavioral response to the environment. The life support systems
1271 which I do not want include, but are not limited to: Artificial
1272 respiration, cardiopulmonary resuscitation and artificial means of
1273 providing nutrition and hydration. I do want sufficient pain
1274 medication to maintain my physical comfort. I do not intend any direct
1275 taking of my life, but only that my dying not be unreasonably
1276 prolonged.

1277 I appoint ... to be my health care [agent and my attorney-in-fact for
1278 health care decisions] representative. If my attending physician
1279 determines that I am unable to understand and appreciate the nature
1280 and consequences of health care decisions and unable to reach and
1281 communicate an informed decision regarding treatment, my health
1282 care [agent and attorney-in-fact for health care decisions]
1283 representative is authorized to [:]

1284 [(1) Convey to my physician my wishes concerning the withholding
1285 or removal of life support systems;

1286 (2) Take whatever actions are necessary to ensure that any wishes
1287 are given effect;

1288 (3) Consent, refuse or withdraw consent to any medical treatment as
1289 long as such action is consistent with my wishes concerning the
1290 withholding or removal of life support systems; and

1291 (4) Consent to any medical treatment designed solely for the
1292 purpose of maintaining physical comfort] make any and all health care
1293 decisions for me, including the decision to accept or refuse any
1294 treatment, service or procedure used to diagnose or treat my physical
1295 or mental condition, except as otherwise provided by law, including,
1296 but not limited to, psychosurgery or shock therapy, and the decision to
1297 provide, withhold or withdraw life support systems. I direct my health
1298 care representative to make decisions on my behalf in accordance with
1299 my wishes, as stated in this document or as otherwise known to my
1300 health care representative. In the event my wishes are not clear or a
1301 situation arises that I did not anticipate, my health care representative
1302 may make a decision in my best interests, based upon what is known
1303 of my wishes.

1304 If is unwilling or unable to serve as my health care [agent and my
1305 attorney-in-fact for health care decisions] representative, I appoint
1306 to be my alternative health care [agent and my attorney-in-fact for
1307 health care decisions] representative.

1308 If a conservator of my person should need to be appointed, I
1309 designate be appointed my conservator. If is unwilling or unable
1310 to serve as my conservator, I designate, No bond shall be required
1311 of either of them in any jurisdiction.

1312 I hereby make this anatomical gift, if medically acceptable, to take
1313 effect upon my death.

- T1 I give: (check one)
T2 (1) any needed organs or parts
T3 (2) only the following organs or parts
T4 to be donated for: (check one)
T5 (1) any of the purposes stated in subsection (a) of
T6 section 19a-279f of the general statutes
T7 (2) these limited purposes

1314 These requests, appointments, and designations are made after

1315 careful reflection, while I am of sound mind. Any party receiving a
 1316 duly executed copy or facsimile of this document may rely upon it
 1317 unless such party has received actual notice of my revocation of it.

T8 Date, 20..

T9 L.S.

1318 This document was signed in our presence by the author of this
 1319 document, who appeared to be eighteen years of age or older, of sound
 1320 mind and able to understand the nature and consequences of health
 1321 care decisions at the time this document was signed. The author
 1322 appeared to be under no improper influence. We have subscribed this
 1323 document in the author's presence and at the author's request and in
 1324 the presence of each other.

T10

T11 (Witness) (Witness)

T12

T13 (Number and Street) (Number and Street)

T14

T15 (City, State and Zip Code) (City, State and Zip Code)

STATE OF CONNECTICUT }
 COUNTY OF } ss.

1325 We, the subscribing witnesses, being duly sworn, say that we
 1326 witnessed the execution of these health care instructions, the
 1327 appointments of a health care [agent and an attorney-in-fact]
 1328 representative, the designation of a conservator for future incapacity
 1329 and a document of anatomical gift by the author of this document; that
 1330 the author subscribed, published and declared the same to be the
 1331 author's instructions, appointments and designation in our presence;
 1332 that we thereafter subscribed the document as witnesses in the
 1333 author's presence, at the author's request, and in the presence of each

1334 other; that at the time of the execution of said document the author
1335 appeared to us to be eighteen years of age or older, of sound mind,
1336 able to understand the nature and consequences of said document, and
1337 under no improper influence, and we make this affidavit at the
1338 author's request this day of 20...

T16
T17 (Witness) (Witness)

1339 Subscribed and sworn to before me this day of 20..

T18
T19 Commissioner of the Superior Court
T20 Notary Public
T21 My commission expires:

1340 (Print or type name of all persons signing under all signatures)

1341 (b) Except as provided in section 19a-579b, as amended by this act,
1342 an appointment of health care representative may only be revoked by
1343 the declarant, in writing, and the writing shall be signed by the
1344 declarant and two witnesses.

1345 (c) The attending physician or other health care provider shall make
1346 the revocation of an appointment of health care representative a part of
1347 the declarant's medical record.

1348 (d) In the absence of knowledge of the revocation of an appointment
1349 of health care representative, a person who carries out an advance
1350 directive pursuant to the provisions of chapter 368w shall not be
1351 subject to civil or criminal liability or discipline for unprofessional
1352 conduct for carrying out such advance directive.

1353 (e) The revocation of an appointment of health care representative
1354 does not, of itself, revoke the living will of the declarant.

1355 Sec. 528. Section 19a-576 of the general statutes is repealed and the

1356 following is substituted in lieu thereof (*Effective October 1, 2006*):

1357 (a) Any person eighteen years of age or older may appoint a health
1358 care [agent] representative by executing a document in accordance
1359 with section 19a-575a, as amended by this act, or section 19a-577, as
1360 amended by this act, signed and dated by such person in the presence
1361 of two adult witnesses who shall also sign the document. The person
1362 appointed as [agent] representative shall not act as witness to the
1363 execution of such document or sign such document.

1364 (b) For persons who reside in facilities operated or licensed by the
1365 Department of Mental Health and Addiction Services, at least one
1366 witness shall be an individual who is not affiliated with the facility and
1367 at least one witness shall be a physician or licensed clinical
1368 psychologist with specialized training in treating mental illness.

1369 (c) For persons who reside in facilities operated or licensed by the
1370 Department of Mental Retardation, at least one witness shall be an
1371 individual who is not affiliated with the facility and at least one
1372 witness shall be a physician or licensed clinical psychologist with
1373 specialized training in developmental disabilities.

1374 (d) An operator, administrator [.] or employee of a hospital,
1375 residential care home, rest home with nursing supervision [.] or
1376 chronic and convalescent nursing home may not be appointed as a
1377 health care [agent] representative by any person who, at the time of the
1378 appointment, is a patient or a resident of, or has applied for admission
1379 to, one of the foregoing facilities. An administrator or employee of a
1380 government agency [which] that is financially responsible for a
1381 person's medical care may not be appointed as a health care [agent]
1382 representative for such person. This restriction shall not apply if such
1383 operator, administrator or employee is related to the principal by
1384 blood, marriage or adoption.

1385 (e) A physician shall not act as both [agent] health care
1386 representative for a principal and attending physician for the principal.

1387 Sec. 529. Section 19a-577 of the general statutes is repealed and the
1388 following is substituted in lieu thereof (*Effective October 1, 2006*):

1389 [(a)] Any person eighteen years of age or older may execute a
1390 document that may, but need not be in substantially the following
1391 form:

1392 DOCUMENT CONCERNING THE APPOINTMENT OF HEALTH
1393 CARE [AGENT] REPRESENTATIVE

1394 "I understand that, as a competent adult, I have the right to make
1395 decisions about my health care. There may come a time when I am
1396 unable, due to incapacity, to make my own health care decisions. In
1397 these circumstances, those caring for me will need direction and will
1398 turn to someone who knows my values and health care wishes. By
1399 signing this appointment of health care representative, I appoint a
1400 health care representative with legal authority to make health care
1401 decisions on my behalf in such case or at such time.

1402 I appoint (Name) to be my health care [agent] representative. If
1403 my attending physician determines that I am unable to understand
1404 and appreciate the nature and consequences of health care decisions
1405 and to reach and communicate an informed decision regarding
1406 treatment, my health care [agent] representative is authorized to [:]

1407 [(1) Convey to my physician my wishes concerning the withholding
1408 or removal of life support systems.

1409 (2) Take whatever actions are necessary to ensure that my wishes
1410 are given effect] accept or refuse any treatment, service or procedure
1411 used to diagnose or treat my physical or mental condition, except as
1412 otherwise provided by law, including, but not limited to,
1413 psychosurgery or shock therapy, and the decision to provide, withhold
1414 or withdraw life support systems. I direct my health care
1415 representative to make decisions on my behalf in accordance with my
1416 wishes as stated in a living will, or as otherwise known to my health
1417 care representative. In the event my wishes are not clear or a situation

1418 arises that I did not anticipate, my health care representative may
1419 make a decision in my best interests, based upon what is known of my
1420 wishes.

1421 If this person is unwilling or unable to serve as my health care
1422 [agent] representative, I appoint (Name) to be my alternative health
1423 care [agent] representative."

1424 "This request is made, after careful reflection, while I am of sound
1425 mind."

1426 (Signature)

1427 (Date)

1428 This document was signed in our presence, by the above-named
1429 (Name) who appeared to be eighteen years of age or older, of sound
1430 mind and able to understand the nature and consequences of health
1431 care decisions at the time the document was signed.

1432 (Witness)

1433 (Address)

1434 (Witness)

1435 (Address)

1436 Sec. 530. Section 19a-578 of the general statutes is repealed and the
1437 following is substituted in lieu thereof (*Effective October 1, 2006*):

1438 (a) Any or all of the attesting witnesses to any living will document
1439 or any document appointing a health care [agent] representative may,
1440 at the request of the declarant, make and sign an affidavit before any
1441 officer authorized to administer oaths in or out of this state, stating
1442 such facts as they would be required to testify to in court to prove such
1443 living will. The affidavit shall be written on the living will document,
1444 or if that is impracticable, on some paper attached thereto. The sworn
1445 statement of any such witness so taken shall be accepted by [the Court
1446 of Probate] a court of competent jurisdiction as if it had been taken
1447 before such court.

1448 (b) A physician or other health care provider who is furnished with
1449 a copy of a written living will or appointment of health care [agent]
1450 representative shall make it a part of the declarant's medical record. A
1451 physician or other health care provider shall also record in the patient's
1452 medical record any oral communication concerning any aspect of [his]
1453 the patient's health care, including the withholding or withdrawal of
1454 life support systems, made by the patient directly to the physician or
1455 other health care provider or to the patient's health care [agent]
1456 representative, legal guardian, conservator, next-of-kin or person
1457 designated in accordance with section 1-56r.

1458 Sec. 531. Section 19a-579 of the general statutes is repealed and the
1459 following is substituted in lieu thereof (*Effective October 1, 2006*):

1460 A living will or appointment of health care [agent] representative
1461 becomes operative when (1) the document is furnished to the
1462 attending physician, and (2) the declarant is determined by the
1463 attending physician to be incapacitated. At any time after the
1464 appointment of a health care representative, the attending physician
1465 shall disclose such determination of incapacity, in writing, upon the
1466 request of the person named as the health care representative.

1467 Sec. 532. Section 19a-579a of the general statutes is repealed and the
1468 following is substituted in lieu thereof (*Effective October 1, 2006*):

1469 (a) A living will [or appointment of health care agent] may be
1470 revoked at any time and in any manner by the declarant, without
1471 regard to the declarant's mental or physical condition.

1472 (b) The attending physician or other health care provider shall make
1473 the revocation a part of the declarant's medical record.

1474 (c) In the absence of knowledge of the revocation [either] of a living
1475 will, [or an appointment of health care agent,] a person is not subject to
1476 civil or criminal liability or discipline for unprofessional conduct for
1477 carrying out the living will pursuant to the requirements of sections
1478 19a-570, as amended by this act, 19a-571, as amended by this act, 19a-

1479 573 and 19a-575 to 19a-580c, inclusive, as amended by this act.

1480 Sec. 533. Section 19a-579b of the general statutes is repealed and the
1481 following is substituted in lieu thereof (*Effective October 1, 2006*):

1482 The appointment of the principal's spouse as health care [agent]
1483 representative shall be revoked upon the divorce or legal separation of
1484 the principal and spouse or upon the annulment or dissolution of their
1485 marriage, unless the principal specifies otherwise.

1486 Sec. 534. Section 19a-580 of the general statutes is repealed and the
1487 following is substituted in lieu thereof (*Effective October 1, 2006*):

1488 Within a reasonable time prior to withholding or causing the
1489 removal of any life support system pursuant to sections 19a-570, as
1490 amended by this act, 19a-571, as amended by this act, 19a-573 and 19a-
1491 575 to 19a-580c, inclusive, as amended by this act, the attending
1492 physician shall make reasonable efforts to notify the individual's
1493 health care [agent] representative, next-of-kin, legal guardian,
1494 conservator or person designated in accordance with section 1-56r, if
1495 available.

1496 Sec. 535. Section 19a-580b of the general statutes is repealed and the
1497 following is substituted in lieu thereof (*Effective October 1, 2006*):

1498 No physician, health care provider or health care insurer shall
1499 require a person to execute a living will or appoint a health care
1500 [agent] representative as a condition of treatment or receiving health
1501 care benefits.

1502 Sec. 536. Section 19a-580c of the general statutes is repealed and the
1503 following is substituted in lieu thereof (*Effective October 1, 2006*):

1504 (a) The probate court for the district in which the person is
1505 domiciled or is located at the time of the dispute shall have jurisdiction
1506 over any dispute concerning the meaning or application of any
1507 provision of sections 19a-570, as amended by this act, 19a-571, as
1508 amended by this act, 19a-573 and 19a-575 to 19a-580c, inclusive, as

1509 amended by this act. With respect to any communication of a patient's
1510 wishes other than by means of a document executed in accordance
1511 with [section] sections 19a-575 and 19a-575a, as amended by this act,
1512 the court shall consider whether there is clear and convincing evidence
1513 of such communication.

1514 (b) The probate court for the district in which the person is
1515 domiciled or is located at the time of the dispute shall have jurisdiction
1516 over any dispute concerning the capacity of the health care
1517 representative or over any claim that the actions of the person named
1518 as health care representative would interfere with the treatment of the
1519 declarant or the person named as health care representative.

1520 (c) A person whose appointment as a health care representative has
1521 been revoked shall have standing to file a claim challenging the
1522 validity of such revocation with the probate court for the district in
1523 which the declarant is domiciled or is located at the time of the
1524 dispute.

1525 Sec. 537. Subsection (h) of section 45a-650 of the general statutes is
1526 repealed and the following is substituted in lieu thereof (*Effective*
1527 *October 1, 2006*):

1528 (h) The court may limit the powers and duties of either the
1529 conservator of the person or the conservator of the estate, to include
1530 some, but not all, of the powers and duties set forth in subsections (a)
1531 and (b) of section 45a-644, as amended, and sections 45a-655 and 45a-
1532 656, as amended, and shall make specific findings to justify such a
1533 limitation, in the best interests of the ward. In determining whether or
1534 not any such limitations should be imposed, the court shall consider
1535 the abilities of the ward, the prior appointment of any attorney-in-fact,
1536 health care [agent] representative, trustee or other fiduciary acting on
1537 behalf of the ward, any support services which are otherwise available
1538 to the ward, and any other relevant evidence. The court may modify its
1539 decree upon any change in circumstances.

1540 Sec. 538. Subsection (a) of section 45a-654 of the 2006 supplement to

1541 the general statutes is repealed and the following is substituted in lieu
1542 thereof (*Effective October 1, 2006*):

1543 (a) Upon written application for appointment of a temporary
1544 conservator brought by any person deemed by the court to have
1545 sufficient interest in the welfare of the respondent, including, but not
1546 limited to, the spouse or any relative of the respondent, the first
1547 selectman, chief executive officer or head of the department of welfare
1548 of the town of residence or domicile of any respondent, the
1549 Commissioner of Social Services, the board of directors of any
1550 charitable organization, as defined in section 21a-190a, or the chief
1551 administrative officer of any nonprofit hospital or such officer's
1552 designee, the Court of Probate may appoint a temporary conservator if
1553 the court finds that: (1) The respondent is incapable of managing his or
1554 her affairs or incapable of caring for himself or herself, and (2)
1555 immediate and irreparable injury to the mental or physical health or
1556 financial or legal affairs of the respondent will result if a temporary
1557 conservator is not appointed pursuant to this section. The court may,
1558 in its discretion, require the temporary conservator to give a probate
1559 bond. The court shall limit the duties, responsibilities and powers of
1560 the temporary conservator to the circumstances that gave rise to the
1561 application and shall make specific findings to justify such limitation.
1562 In making such findings, the court shall consider the present and
1563 previously expressed wishes of the respondent, the abilities of the
1564 respondent, any prior appointment of an attorney-in-fact, health care
1565 [agent] representative, trustee or other fiduciary acting on behalf of the
1566 respondent, any support service otherwise available to the respondent
1567 and any other relevant evidence. The temporary conservator shall have
1568 charge of the property or of the person of the respondent or both for
1569 such period of time or for such specific occasion as the court finds to be
1570 necessary, provided a temporary appointment shall not be valid for
1571 more than thirty days, unless at any time while the appointment of a
1572 temporary conservator is in effect, an application is filed for
1573 appointment of a conservator of the person or estate under section 45a-
1574 650. The court may (A) extend the appointment of the temporary

1575 conservator until the disposition of such application under section 45a-
1576 650, or for an additional thirty days, whichever occurs first, or (B)
1577 terminate the appointment of a temporary conservator upon a
1578 showing that the circumstances that gave rise to the application for
1579 appointment of a temporary conservator no longer exist.

1580 Sec. 539. Subdivision (3) of subsection (a) of section 52-184d of the
1581 2006 supplement to the general statutes is repealed and the following
1582 is substituted in lieu thereof (*Effective October 1, 2006*):

1583 (3) "Representative" means a legal guardian, attorney, health care
1584 [agent] representative or any person recognized in law or custom as a
1585 patient's agent.

1586 Sec. 540. (NEW) (*Effective October 1, 2006*) (a) Except as authorized
1587 by a court of competent jurisdiction, a conservator shall comply with a
1588 ward's individual health care instructions and other wishes, if any,
1589 expressed while the ward had capacity and to the extent known to the
1590 conservator, and the conservator may not revoke the ward's advance
1591 health care directive unless the appointing court expressly so
1592 authorizes.

1593 (b) Absent a court order to the contrary, a health care decision of a
1594 health care representative takes precedence over that of a conservator,
1595 except under the following circumstances: (1) When the health care
1596 decision concerns a person who is subject to the provisions of section
1597 17a-566, 17a-587, 17a-588 of the general statutes or section 54-56d of the
1598 2006 supplement to the general statutes; (2) when a conservator has
1599 been appointed to a ward who is subject to an order authorized under
1600 subsection (e) of section 17a-543 of the general statutes, for the
1601 duration of the ward's hospitalization; or (3) when a conservator has
1602 been appointed to a ward subject to an order authorized under section
1603 17a-543a of the general statutes.

1604 Sec. 541. (NEW) (*Effective October 1, 2006*) An advance directive
1605 properly executed prior to October 1, 2006, shall have the same legal
1606 force and effect as if it had been executed in accordance with the

1607 provisions of chapter 368w of the general statutes.

1608 Sec. 542. (NEW) (*Effective October 1, 2006*) Health care instructions or
1609 appointment of a health care proxy executed under the laws of another
1610 state in compliance with the laws of that state or the state of
1611 Connecticut, and which are not contrary to the public policy of this
1612 state, are deemed validly executed for purposes of chapter 368w of the
1613 general statutes. Health care instructions or appointment of a health
1614 care proxy executed in a foreign country in compliance with the laws
1615 of the country or the state of Connecticut, and which are not contrary
1616 to the public policy of this state, are deemed validly executed for the
1617 purposes of chapter 368w of the general statutes. A healthcare
1618 provider may rely on such health care instructions or recognize such
1619 appointment of a health care proxy based upon any of the following:
1620 (1) An order or decision by a court of competent jurisdiction; (2)
1621 presentation of a notarized statement from the patient or person
1622 offering the health care proxy that the proxy (A) is valid under the
1623 laws of the state or country in which it was made, and (B) is not
1624 contrary to the public policy of this state; or (3) the healthcare
1625 provider's own good faith legal analysis.

1626 Sec. 543. Subsection (b) of section 20-73 of the general statutes, as
1627 amended by substitute senate bill 164 of the current session, is
1628 repealed and the following is substituted in lieu thereof: (*Effective*
1629 *October 1, 2006*):

1630 (b) (1) The treatment of human ailments by physical therapy shall
1631 only be performed by a person licensed under the provisions of this
1632 chapter as a physical therapist or physical therapist assistant. Except as
1633 otherwise provided in subdivisions (2) and (3) of this subsection, such
1634 treatment may be performed by a licensed physical therapist without
1635 an oral or written referral by a person licensed in this state to practice
1636 medicine and surgery, podiatry, natureopathy, chiropractic or
1637 dentistry, or an advanced practice registered nurse licensed to
1638 prescribe in accordance with section 20-94a or a physician assistant
1639 licensed to prescribe in accordance with section 20-12d of the 2006

1640 supplement to the general statutes, provided the licensed physical
1641 therapist (A) [earned] was admitted to a bachelor's degree program
1642 prior to January 1, 1998, and has practiced physical therapy for at least
1643 four out of the most recent six years of his or her clinical practice, or
1644 earned a master's degree or higher in physical therapy from an
1645 accredited institution of higher education, (B) requires any person
1646 receiving such treatment to disclose or affirmatively confirm the
1647 identity of such person's primary care provider or health care provider
1648 of record upon each initial visit for treatment without an oral or
1649 written referral, (C) provides information to any person seeking such
1650 treatment regarding the need to consult with such person's primary
1651 care provider or health care provider of record regarding such person's
1652 underlying medical condition if the condition is prolonged, does not
1653 improve within a thirty-day period, or continues to require ongoing
1654 continuous treatment, and (D) refers any person receiving such
1655 treatment to an appropriate licensed practitioner of the healing arts if,
1656 upon examination or reexamination, the same condition for which the
1657 person sought physical therapy does not demonstrate objective,
1658 measurable, functional improvement in a period of thirty consecutive
1659 days or at the end of six visits, whichever is earlier.

1660 (2) In any case in which a person seeking such treatment requires a
1661 Grade V spinal manipulation, such treatment shall only be performed
1662 (A) upon the oral or written referral of a person licensed in this state,
1663 or in a state having licensing requirements meeting the approval of the
1664 appropriate examining board in this state, to practice medicine and
1665 surgery, podiatry, natureopathy, chiropractic or dentistry, or an
1666 advanced practice registered nurse licensed to prescribe in accordance
1667 with section 20-94a or a physician assistant licensed to prescribe in
1668 accordance with section 20-12d, as amended, and (B) by a licensed
1669 physical therapist who (i) [earned] was admitted to a bachelor's degree
1670 program prior to January 1, 1998, and has practiced physical therapy
1671 for at least four out of the most recent six years of his or her clinical
1672 practice, or earned a master's degree or higher in physical therapy
1673 from an accredited institution of higher education, and (ii) holds a

1674 specialist certification in orthopedic physical therapy from the
1675 American Physical Therapy Association, or proof of completion of
1676 forty hours of course work in manual therapy, including Grade V
1677 spinal manipulation. Nothing in this section shall prevent a physical
1678 therapist from providing wellness care within the scope of physical
1679 therapy practice to asymptomatic persons without a referral. Nothing
1680 in this section shall require an employer or insurer to pay for such
1681 wellness care.

1682 (3) In any case involving an injury, as described in section 31-275 of
1683 the 2006 supplement to the general statutes, such treatment shall only
1684 be performed upon the oral or written referral of a person licensed in
1685 this state or in a state having licensing requirements meeting the
1686 standards set by the Department of Public Health and the appropriate
1687 examining board in this state to practice medicine and surgery,
1688 podiatry, natureopathy, chiropractic or dentistry, or an advanced
1689 practice registered nurse licensed to prescribe in accordance with
1690 section 20-94a or a physician assistant licensed to prescribe in
1691 accordance with section 20-12d, as amended.

1692 Sec. 544. (NEW) (*Effective October 1, 2006*) (a) Each person licensed to
1693 practice physical therapy under the provisions of chapter 376 of the
1694 general statutes who provides direct patient care services shall
1695 maintain professional liability insurance or other indemnity against
1696 liability for professional malpractice. The amount of insurance which
1697 each such person shall carry as insurance or indemnity against claims
1698 for injury or death for professional malpractice shall not be less than
1699 five hundred thousand dollars for one person, per occurrence, with an
1700 aggregate of not less than one million five hundred thousand dollars.

1701 (b) Each insurance company which issues professional liability
1702 insurance, as defined in subdivision (10) of subsection (b) of section
1703 38a-393 of the general statutes, as amended by this act, shall on and
1704 after January 1, 2007, render to the Commissioner of Public Health a
1705 true record of the names and addresses, according to classification, of
1706 cancellations of and refusals to renew professional liability insurance

1707 policies and the reasons for such cancellation or refusal to renew said
1708 policies for the year ending on the thirty-first day of December next
1709 preceding.

1710 Sec. 545. Subsection (a) of section 19a-7d of the general statutes is
1711 repealed and the following is substituted in lieu thereof (*Effective July*
1712 *1, 2006*):

1713 (a) The Commissioner of Public Health may establish, within
1714 available appropriations, a program to provide three-year grants to
1715 community-based providers of primary care services in order to
1716 expand access to health care for the uninsured. The grants may be
1717 awarded to community-based providers of primary care for (1)
1718 funding for direct services, (2) recruitment and retention of primary
1719 care clinicians and registered nurses through subsidizing of salaries or
1720 through a loan repayment program, and (3) capital expenditures. The
1721 community-based providers of primary care under the direct service
1722 program shall provide, or arrange access to, primary and preventive
1723 services, referrals to specialty services, including rehabilitative and
1724 mental health services, inpatient care, prescription drugs, basic
1725 diagnostic laboratory services, health education and outreach to alert
1726 people to the availability of services. Primary care clinicians and
1727 registered nurses participating in the state loan repayment program or
1728 receiving subsidies shall provide services to the uninsured based on a
1729 sliding fee schedule, provide free care if necessary, accept Medicare
1730 assignment and participate as a Medicaid provider, or provide nursing
1731 services in school-based health centers. The commissioner may adopt
1732 regulations, in accordance with the provisions of chapter 54, to
1733 establish eligibility criteria, services to be provided by participants, the
1734 sliding fee schedule, reporting requirements and the loan repayment
1735 program. For the purposes of this section, "primary care clinicians"
1736 includes family practice physicians, general practice osteopaths,
1737 obstetricians and gynecologists, internal medicine physicians,
1738 pediatricians, dentists, certified nurse midwives, advanced practice
1739 registered nurses, physician assistants and dental hygienists.

1740 Sec. 546. Section 38a-393 of the general statutes is repealed and the
1741 following is substituted in lieu thereof (*Effective October 1, 2006*):

1742 (a) Each insurance company doing business in this state shall,
1743 annually, on or before the first day of March, render to the Insurance
1744 Commissioner a true record of the number, according to classification,
1745 of cancellations of and refusals to renew professional liability
1746 insurance policies for the year ending on the thirty-first day of
1747 December next preceding.

1748 (b) For purposes of sections 38a-393 to 38a-395, inclusive, as
1749 amended, "professional liability insurance" means professional liability
1750 contracts for: (1) Physicians and surgeons, (2) hospitals, (3) lawyers, (4)
1751 dentists, (5) architects and engineers, (6) chiropractors, (7) licensed
1752 natureopaths, (8) podiatrists, [and] (9) advanced practice registered
1753 nurses, and (10) physical therapists and such other categories as the
1754 Insurance Commissioner, in the commissioner's discretion, shall adopt
1755 by regulations in accordance with chapter 54.

1756 Sec. 547. Sections 7-244g to 7-244s, inclusive, of the 2006 supplement
1757 to the general statutes are repealed. (*Effective from passage*)

1758 Sec. 548. Section 1-54a of the general statutes is repealed. (*Effective*
1759 *October 1, 2006*)"